

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 7-13-05

2 Serial/Patent # 10/528,128

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

<input checked="" type="checkbox"/>	Filing <u>Fee Code Correction</u>		<u>3-1-05</u>	\$ <u>100.00</u>
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT  
OF REFUND

\$ 100.00

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 1 --

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

1632 \$500 to

1642 \$400

\$100.00 Refund (CC)

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: BARBARA CAMPBELL

TITLE:

SIGNATURE: BAC

PHONE: 703 308-9140

OFFICE: PCT/DO/EO

ET 217

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: \_\_\_\_\_

Adjustment date: 07/14/2005 BCAMPBEL  
03/23/2005 SNAJARRO 00000079 10528128  
DATE: 02 FC:1632 -500.00 OP

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B